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23628 7590 10/04/2004

WOLF GREENFIELD & SACKS, PC  
 FEDERAL RESERVE PLAZA  
 600 ATLANTIC AVENUE  
 BOSTON, MA 02210-2211

12/21/2004 RMEBRAH1 00000029 10034836

01 FC:1501 1400.00 OP  
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Maureen Joyce

(Deposi

December 16, 2004

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION |
|-----------------|-------------|----------------------|---------------------|--------------|
| 10/034,836      | 12/21/2001  | Dean M. Pichon       | F00397/70062 TJO    | 9619         |

TITLE OF INVENTION: SELF-CLEANING FLUID DELIVERY DEVICE FOR MEDICAL APPLICATIONS

| APPLN. TYPE            | SMALL ENTITY | ISSUE FEE      | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|------------------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional         | NO           | \$1,400.00     | \$300           | \$1,700.00       | 01/04/2005 |
| EXAMINER               | ART UNIT     | CLASS-SUBCLASS |                 |                  |            |
| RODRIGUEZ, CRIS LOIREN | 3763         | 604-082000     |                 |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list **Wolf, Greenfield, & Sacks**

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Focal, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lexington, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Gov

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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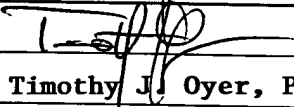
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

December 16, 2004

Typed or printed name

Timothy J. Oyer, Ph.D.

Registration No.

36,628

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